1160000 26574

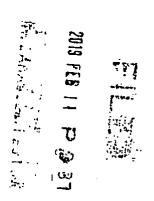
(Red	questor's Name)	
(Add	iress)	
(Add	tress)	•
(City	//State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200324532092

02/11/19--01025--002 **25.00



COVER LETTER

TO:	Registration Se Division of Cor			
0110		l Training Center		
SUBJ	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Marva Lamb		
			Name of Person	
		PAGATI A CALL	Firm/Company	
		805 Virginia Ave Suite 1		
		Fort Pierce, FL 34982	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For ft	urther information c	oncerning this matter, please co	all:	
Marv	va Lamb		772 828-2208	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclo	osed is a check for th	ne following amount:		
■ \$	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILES OF

2019 FEB 11 P & 38

The Medical Training Center, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Florida document number L16000026574	were filed on 02/08/16 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	nility company here:
Fort Pierce Training Center, LLC	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	805 Virginia Avenue Suite 1
(Mailing address MAY BE A POST OFFICE BOX)	Fort Pierce, FL 34982
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	
Name of New Registered Agent:	<u>e</u> :
Name of New Registered Agent:	<u>e</u> :
	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent:	
Name of New Registered Agent:	Enter Florida street address , Florida City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<u> </u>	□ Remove
			☐ Change
			D Add
		☐ Remove	
			☐ Change
		□ Add	
		Remove	
			☐ Change
		🗆 Add	
		☐ Remove	
			☐ Change
		Remove	
			☐ Change
			Remove
			Change

Effec	tive date, if other than the date of filing: (optional)
(If an ei Note:	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	Lel 5. 249.
The	2012. 211.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00